

## **Application Data Sheet**

### **Application Information**

Application number:: Unassigned  
Filing Date:: 11/28/01  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: ENDOSCOPIC BEATING-HEART STABILIZER  
AND VESSEL OCCLUSION FASTENER  
Attorney Docket Number:: 017516-002580US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Total Drawing Sheets:: 45  
Small Entity?: Yes  
Petition included?: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: CHRISTOPHER  
Middle Name:: A.  
Family Name:: JULIAN  
City of Residence:: Los Gatos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 546 Woodland Ridge  
City of Mailing Address:: Los Gatos  
State or Province of mailing address:: CA  
Country of mailing address:: USA

Postal or Zip Code of mailing address:: 95033

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: MICHAEL

Family Name:: IKEDA

City of Residence:: San Jose

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 4930 Elmwood Drive

City of Mailing Address:: San Jose

State or Province of mailing address:: CA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 95130

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: ANDRIS

Middle Name:: D.

Family Name:: RAMANS

City of Residence:: Mountain View

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 585 Tahoe Terrace

City of Mailing Address:: Mountain View

State or Province of mailing address:: CA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 94041

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: DEAN  
Middle Name:: F.  
Family Name:: HOORNAERT  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1945 Latham Street, #11  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94040

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: MARGARET  
Middle Name:: M.  
Family Name:: ISAAC  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2101 Jefferson Avenue  
City of Mailing Address:: Redwood City  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94062

#### **Correspondence Information**

Correspondence Customer Number:: 20350

## Representative Information

Representative Customer Number:: 20350

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Claims priority from::	60/253,484	11/28/2000
	claims priority from::	60/285,641	04/19/2001
	claims priority from::	60/290,556	05/10/2001
	claims benefit from::	09/436,524	11/09/1999

## Assignee Information

Assignee Name:: Intuitive Surgical, Inc.  
Street of mailing address:: 1340 West Middlefield Road  
City of mailing address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94043

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